

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	08/847967	FILING DATE
APPLICANT(S)		

CLAIMS

Claim No.	AFTER		AFTER		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT						
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23	1	1								
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29	1	1								
30	2	2								
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42	1	1								
43	1	1	1							
44	2									
45	2	2								
46	2	2								
47	2	2								
48	2	2								
49	2	2								
50	2									
TOTAL IND.										
TOTAL DEP.										
TOTAL CLAIMS										
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100										
TOTAL IND.	31									
TOTAL DEP.	92									
TOTAL CLAIMS	95									